



## TEXAS DEPARTMENT OF INSURANCE

### Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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## MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

### GENERAL INFORMATION

**Requestor Name**

TEXAS HEALTH HEB

**Respondent Name**

TEXAS MUTUAL INSURANCE COMPANY

**MFDR Tracking Number**

M4-18-0333-01

**Carrier's Austin Representative**

Box Number 54

**MFDR Date Received**

October 10, 2017

### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "This claim was originally filed with medical insurance BCBS as we were not immediately aware that his was a work related injury."

**Amount in Dispute:** \$635.43

### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "The evidence demonstrates no proof BCBS received the bill timely, no proof the requestor submitted the bill timely to Texas Mutual, and no proof the requestor submitted a copy to Texas Mutual of the original BCBS" [sic]

**Response Submitted by:** Texas Mutual Insurance Company

### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Dispute Amount	Amount Due
December 19, 2016	Outpatient Hospital Emergency Room Visit	\$635.43	\$0.00

### FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.20 sets out medical bill submission procedures for health care providers.
3. Texas Labor Code §408.027 sets out provisions related to payment of health care providers.
4. Texas Labor Code §408.0272 provides for certain exceptions to untimely submission of a medical claim.
5. The insurance carrier reduced payment for the disputed services with claim adjustment codes:
  - 29 – THE TIME LIMIT FOR FILING HAS EXPIRED
  - 731 – PER 133.20(B) PROVIDER SHALL NOT SUBMIT A MEDICAL BILL LATER THAN THE 95TH DAY AFTER THE DATE THE SERVICE. [sic]
  - 18 – EXACT DUPLICATE CLAIM/SERVICE
  - 224 – DUPLICATE CHARGE.

## **Issues**

1. Did the requestor forfeit the right to reimbursement for the disputed services for failure to timely file the bill?

## **Findings**

1. The insurance carrier denied the disputed services with claim adjustment reason codes: 29 – “THE TIME LIMIT FOR FILING HAS EXPIRED.”; and 731 – “PER 133.20(B) PROVIDER SHALL NOT SUBMIT A MEDICAL BILL LATER THAN THE 95TH DAY AFTER THE DATE THE SERVICE.” [sic]

28 Texas Administrative Code §133.20(b) requires that, except as provided in Texas Labor Code §408.0272, “a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided.”

Texas Labor Code §408.027(a) states that “Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment.”

Texas Labor Code §408.0272(b) provides that, notwithstanding Section 408.027, a health care provider who fails to timely submit a claim for payment to the insurance carrier under Section 408.027(a) does not forfeit the provider's right to reimbursement for that claim for payment solely for failure to submit a timely claim if:

- (1) the provider submits proof satisfactory to the commissioner that the provider, within the period prescribed by Section 408.027(a), erroneously filed for reimbursement with:
  - (A) an insurer that issues a policy of group accident and health insurance under which the injured employee is a covered insured;
  - (B) a health maintenance organization that issues an evidence of coverage under which the injured employee is a covered enrollee; or
  - (C) a workers' compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title; or
- (2) the commissioner determines that the failure resulted from a catastrophic event that substantially interfered with the normal business operations of the provider.

Texas Labor Code §408.0272(c) further requires that, notwithstanding §408.0272(b), a provider who erroneously submits a claim for payment to an entity described above:

forfeits the provider's right to reimbursement for that claim if the provider fails to submit the claim to the correct workers' compensation insurance carrier within 95 days after the date the provider is notified of the provider's erroneous submission of the claim.

Review of the submitted information finds an electronic claims submission report supporting by a preponderance of the evidence that the health care provider billed the health insurance carrier and that the claim was accepted for processing by that carrier on January 25, 2017. This is within 95 days of the original date of service.

The requestor therefore meets the exception under Labor Code §408.0272(b)(1)(A) of having submitted proof satisfactory that the provider, within the period prescribed by Section 408.027(a), erroneously filed for reimbursement with an insurer that issues a policy of group accident and health insurance under which the injured employee is covered.

Having met that exception, the requestor did not, however, submit any further documentation to support having billed the correct workers compensation carrier within 95 days following the date the provider was notified of the provider's erroneous submission.

Based on the submitted documentation, the provider received an electronic claim rejection on January 25, 2017. The 95<sup>th</sup> day following receipt of the claim rejection notice was Monday, May 1, 2017. The bill creation date is May 9, 2017. The explanation of benefits from the workers' compensation insurance carrier indicates an audit date of May 30, 2017. Neither date is within the timely filing limit of §408.0272(c). No information was presented to support that the bill was sent or that the carrier received the bill on an earlier date within the timely filing period.

Accordingly, the division concludes the provider has forfeited the right to reimbursement, having failed to support meeting the requirements of Labor Code §§ 408.027 and 408.0272, and Rule §133.20(b), regarding timely submission to the correct carrier after notification of erroneous filing with another insurer.

## **Conclusion**

For the reasons stated above, the division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

## ***ORDER***

Based on the submitted information, pursuant to Texas Labor Code Section 413.031, the division hereby determines the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

## **Authorized Signature**

_____	Grayson Richardson	October 31, 2017
Signature	Medical Fee Dispute Resolution Officer	Date

## ***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute has a right to seek review of this decision in accordance with Rule §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form DWC045M) in accordance with the instructions on the form. The request must be received by the division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed. Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.